

APPLICATION

PERCOLATION TESTING

A 513618-XX

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Jared T. Healy, Trustee and M. Charlotte Powel, Trustee

ADDRESS 10715 Charter Dr., Columbia, MD 21044 PHONE 410-730-4545

AGENT OR PROSPECTIVE BUYER Floyd Lane, L.L.C. CONTACT: Tim Feaga, Heritage Land Develop

ADDRESS P.O. Box 999, Columbia, MD 21044 PHONE 410-489-7900, ext. 11

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 15 (47)

ROAD AND DESCRIPTION Buckskin Woods Drive, Ellicott City, MD 21042

TAX MAP 22 PARCEL # 77, 283 and 74

SIZE OF LOT 1 acre TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

B. James Crawford
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

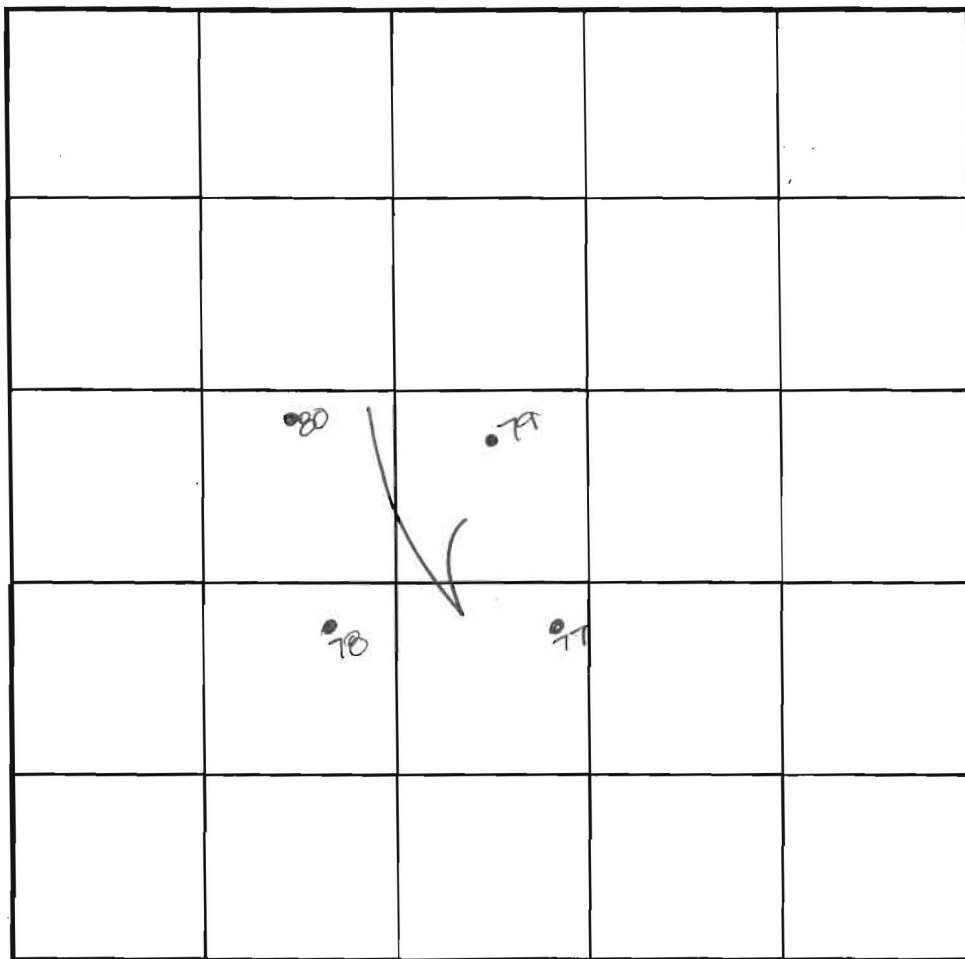
COUNTY #

SOIL PROFILE

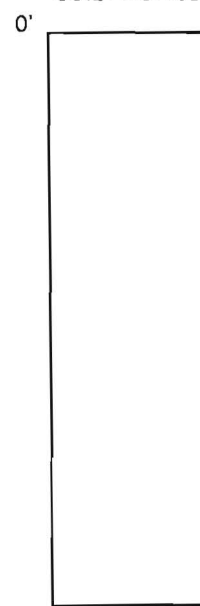
0' 77/79
 6" topsoil
 dull org lom cl lm
 2 1/2' med org brn sa mica lm
 w/ 25% sapor sh

0' 80
 6" topsoil
 med red brn cl lm
 3 1/2' med pk brn sa mica lm
 4' 15% bot sapor sh

0' 78
 6" topsoil
 org brn sa cl lm
 3 1/2' med org red brn sa mica lm
 12' 15% sapor sh



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-3-00	77	3.5' S	12:32 ₃	12:33	12:33	12:35	2
		12.0' D	Visual	- see	profile		OK
	79	12.0' D	Visual	- see	profile		OK
	80	3.0' S	12:41 ₃	12:52 ₃	12:52 ₃	little slow	OK below
		13.0' D	Visual	- see	profile		OK
	78	3.5' S	12:50 ₃	12:51 ₃	12:51 ₃	12:53 ₃	2
		12.0' D	Visual	- see	profile		OK

REMARKS holes tested as stated

TYPE OF SOIL _____

TESTED BY TJKS ALSO PRESENT C. Zepp, T. Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

